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Post-Traumatic Stress Disorder and Gambling Behavior: A Review from a Coping Perspective

Travma Sonrası Stres Bozukluğu ve Kumar Oynama Davranışı: Başa Çıkma Perspektifinden Bir Derleme

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Abstract:

Viewing trauma not merely as a momentary experience but as a multifaceted phenomenon allows for a more comprehensive explanation of Post-Traumatic Stress Disorder (PTSD). This approach enables a systematic assessment of the disorder in its individual, cognitive, and psychological dimensions. Symptoms observed in individuals diagnosed with PTSD may, in some cases, be related to behavioral dependencies. Intense anxiety, inner turmoil, and feelings of emotional emptiness following traumatic experiences can increase individuals' tendency to engage in behaviors that provide short-term relief but carry a risk of addiction in the long term. In this context, gambling behavior is considered a significant risk factor. The accessible, quick reward structure of gambling can facilitate the emergence and continuation of this behavior. This study aims to examine the relationship between post-traumatic stress disorder and gambling behavior within the framework of coping strategies. The research was conducted using a qualitative approach and a review method, with data collected through document analysis. The findings suggest a possible link between PTSD symptoms and gambling behavior, and that dysfunctional coping strategies developed after trauma may constitute a risk factor for this behavior. Consequently, it is considered that trauma-focused interventions and the development of healthy coping skills can contribute to reducing the risks associated with gambling behavior.

Keywords: PTSD, Online gambling, Behavioral addiction, Trauma.

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Öz:

Travmanın yalnızca anlık bir yaşantı olarak değil, çok boyutlu bir olgu olarak ele alınması, Travma Sonrası Stres Bozukluğu'nun (TSSB) daha kapsamlı biçimde açıklanmasına olanak sağlamaktadır. Bu yaklaşım, söz konusu bozukluğun bireysel, bilişsel ve psikolojik boyutlarda sistematik olarak değerlendirilmesini mümkün kılmaktadır. TSSB tanısı alan bireylerde görülen belirtilerin, bazı durumlarda davranışsal bağımlılıklarla ilişkili olabileceği görülmektedir. Travmatik deneyimlerin ardından yaşanan yoğun kaygı, içsel huzursuzluk ve duygusal boşluk hissi, bireyleri kısa vadede rahatlama sağlayan ancak uzun vadede bağımlılık riski taşıyabilen davranışlara yönelme eğilimini artırabilmektedir. Bu bağlamda, kumar davranışı da önemli bir risk faktörü olarak değerlendirilmektedir. Kumarın erişilebilir ve hızlı ödül sunan yapısı, bu davranışın ortaya çıkmasını ve sürdürülmesini kolaylaştırabilmektedir. Bu çalışma, travma sonrası stres bozukluğu ile kumar davranışı arasındaki ilişkiyi başa çıkma stratejileri çerçevesinde incelemeyi amaçlamaktadır. Araştırma, nitel araştırma yaklaşımı benimsenerek derleme yöntemiyle gerçekleştirilmiş olup veriler, belge incelemesi tekniği kullanılarak elde edilmiştir. Elde edilen bulgular, TSSB belirtileri ile kumar davranışı arasında bir ilişki olabileceğini ve travma sonrası geliştirilen işlevsel olmayan başa çıkma stratejilerinin bu davranış için bir risk faktörü oluşturabileceğini göstermektedir. Sonuç olarak, travma odaklı müdahalelerin ve sağlıklı başa çıkma becerilerinin geliştirilmesinin, kumar davranışıyla ilişkili risklerin azaltılmasına katkı sağlayabileceği değerlendirilmektedir.

Anahtar Kelimeler: TSSB, Sanal kumar, Davranışsal bağımlılık, Travma.

Introduction

Post-Traumatic Stress Disorder (PTSD), in both historical and contemporary literature, is addressed in the context of various traumatic experiences such as war, natural disasters, and abuse, and it has been empirically demonstrated that PTSD leads to multidimensional impairments in individuals' cognitive, emotional, and social functioning (Arslan, 2018). Conceptually, PTSD was first systematically described based on the psychological symptoms observed in war veterans after the Vietnam War, and in 1980, it was officially defined as a diagnostic category in the DSM-III (APA, 1980). With this development, it was expressed that trauma cannot be explained solely by the concept of weak willpower and that the condition can also have lasting psychological and biological effects (Yehuda & LeDoux, 2007).

According to the DSM-5, trauma is defined as a situation in which an individual experiences or witnesses actual death, the threat of death, or serious injury—extraordinary events that threaten vital or physical integrity and that may have been experienced by the person themselves or by someone they deeply care about (APA, 2010). According to Herman's (1992) definition, trauma is an intense feeling of fear, helplessness, and horror that occurs after a situation that exceeds the individual's coping capacity and challenges their psychological defense mechanisms.

It is known that not every traumatic event leads to post-traumatic stress disorder; its development depends on factors such as the individual's psychological state and sources of social and cognitive support (Kavakcı, 2015). Among the symptoms of PTSD are:

Re-Experiencing
The traumatic event is involuntarily recalled or re-experienced in the form of nightmares.

Avoidance Symptoms
The individual shows a tendency to avoid people, situations, or places that may trigger memories of the trauma.

Negative Cognitive and Emotional Changes
These are explained by negative emotions such as guilt, hopelessness, alienation, or shame.

Hyperarousal Symptoms
These include observable symptoms such as angry outbursts, sleep problems, difficulty concentrating, and related physical tension (Brewin et al., 2000).

Individuals who are unsuccessful in coping with trauma resort to maladaptive coping strategies with the aim of avoidance, in an effort to reduce the intense stress and emotional problems they experience (Bonanno, 2004). Experiential avoidance is described as the fear and avoidance of facing traumatic events and negative emotions, functioning as a strategy that helps the individual distance themselves from painful emotional experiences (Aktürk et al., 2024). For example, after trauma, individuals may turn to high levels of alcohol and drug use to suppress and numb their emotions (Ekerbiçer, 2017). In addition, some studies show that, due to weaknesses in emotional regulation skills, individuals are more prone to risky behaviors, especially substance use, after experiencing trauma (Tull et al., 2010). In this context, substance use is considered a dysfunctional tool for emotion regulation. The strong relationship between traumatic experiences and substance use has also been demonstrated in studies conducted in Turkey. It is noted that a significant portion of individuals exposed to trauma turn to substance use as a way to cope with their psychological burden (Tuncer & Şimşek, 2022).

Moreover, it is stated that traumatic experiences lead to difficulties in emotion regulation in individuals, and this situation can make substance use a coping method. It is especially emphasized that individuals with a history of trauma have a higher risk of developing addiction (Taştabanoğlu, 2023).

The position of problem gambling and related behaviors in psychiatric classification systems indicates a significant conceptual transformation, especially when evaluated in the context of the historical development of the DSM. With the publication of DSM-III by the American Psychiatric Association (APA), "pathological gambling" was addressed as a separate diagnostic category for the first time and was classified under "Impulse Control Disorders Not Elsewhere Classified" (APA, 1980). At that time, gambling behavior was explained mainly by

characteristics such as the individual's inability to control impulses despite negative consequences, increasing tension before the behavior, and temporary relief after the behavior.

With subsequent versions of the DSM—DSM-III-R, DSM-IV, and DSM-IV-TR—the diagnostic criteria for gambling addiction were restructured in a more systematic and comprehensive manner. In this process, criteria such as the need to gamble with increasing amounts, similar to tolerance; unsuccessful attempts to quit; restlessness and irritability resembling withdrawal; efforts to recoup losses; and impairment in social or occupational functioning were included in the diagnostic criteria. Although the classification remained under impulse control disorders during these periods, the marked similarities between these symptoms and those of substance use disorders increased debates on the need to address gambling behavior from an addiction perspective (Weinstock & Rash, 2014).

As a result of these evaluations, a significant paradigm shift was made with DSM-5: the term "pathological gambling" was renamed as "gambling disorder" and included under the category of "substance-related and addictive disorders" (Rash & Petry, 2016). This revision represents a critical turning point for the official inclusion of behavioral addictions within diagnostic systems.

Along with DSM-5, both the classification and the diagnostic criteria were reviewed. In this context, the criterion concerning illegal activities was removed from the diagnostic criteria, the diagnostic threshold was lowered, and a grading system was introduced to determine the disorder's severity. Additionally, explanations regarding the course and clinical presentation of the disorder were expanded, emphasizing that it may not progress in the same way for every individual. These changes aim to increase diagnostic sensitivity and to create a more flexible evaluation process in clinical practice (Petry et al., 2014).

This transformation in the classification of gambling addiction in the DSM marks a significant paradigm shift in the literature. The shift from an impulse control disorder framework to the addiction model has enabled gambling behavior to be addressed in a more holistic manner, considering its neurobiological, cognitive, and behavioral dimensions. Recent international studies also support this approach, indicating that gambling addiction should be considered a complex behavioral addiction that shares common etiological and clinical features with substance use disorders (Weinstock & Rash, 2014).

Although gambling behavior is an ancient phenomenon, it has taken on a different dimension today due to digitalization. In particular, the proliferation of online platforms allows individuals to gamble and access betting systems easily without the need for physical environments (Kızılkaya & Yılmaz, 2024). This situation increases the prevalence of gambling behavior and contributes to the expansion of risk groups. It is noted that individuals who have difficulty coping with traumatic experiences may turn to gambling and internet-based behaviors to reduce emotional distress and avoid negative experiences (Aker & Önen, 2006). In this context, online gambling is considered a form of experiential avoidance that enables individuals to temporarily distance themselves from negative internal experiences (Aktürk et al., 2024).

Coping processes with online gambling behavior are addressed in line with the fundamental principles of behavioral addiction theories; in particular, developing impulse control, increasing cognitive awareness, and regulating environmental triggers come to the fore (Çalışkan, 2024). Indeed, qualitative studies show that individuals mostly regard gambling as a means of coping with stress, reducing feelings of loneliness, and escaping from daily problems (Özdemir & Çelik, 2015). This indicates that effective intervention processes should focus not only on eliminating the behavior itself but also on understanding the underlying psychosocial dynamics.

Among the dysfunctional coping strategies frequently observed in individuals who gamble online are denial, repetitive behaviors aimed at recouping losses, hiding gambling behavior, uncontrolled borrowing, and turning to gambling to avoid emotional distress (Bonnaire & Phan, 2017). These patterns are stated to be related to negative reinforcement mechanisms that are effective in maintaining the behavior (Aka & Yaman, 2024). In contrast, structured leisure activities and strong social support networks play a protective role and contribute to the development of more adaptive coping strategies for stress (Ögel, 2017; Çuhadar, 2025).

While gambling behavior initially provides a rewarding experience for the individual, over time, it gains the function of avoiding negative emotions and coping with stress. This process is supported by both positive reinforcement and experiential avoidance mechanisms (Petry, 2005). Especially with the proliferation of online gambling platforms, access to gambling has become easier globally, and this has increased the risk of addiction (Gainsbury et al., 2015).

Online gambling addiction is increasingly being addressed within the framework of "digital addiction" today (Critselis et al., 2013). Factors such as easy access, anonymity, and relatively weak social supervision increase the risk associated with this behavior (Yaşar & Heybet, 2025). In addition, micro-betting systems and random reward mechanisms used on online platforms are designed to increase the user's time spent on the platform and reinforce addictive behavior (Zendle & Cairns, 2018).

From a neurobiological perspective, online gambling behavior is seen to be related to mechanisms similar to those of substance use disorders. In particular, the mesolimbic dopamine system and the ventral striatum region create an intense experience of pleasure through increased dopamine release during gambling. This, combined with learning processes, generates a conditioned expectation of reward and contributes to the continuation of the behavior (Şişman Ünlü & Noyan, 2024).

Psychologically, this process is explained by concepts such as reinforcement schedules, cognitive distortions, and impulse control problems (Goodie & Fortune, 2013). Especially random reward systems strongly reinforce the behavior (Khantzian, 2018), while cognitive distortions lead individuals to develop irrational beliefs that they can recoup their losses or that their luck will change (Ladouceur & Walker, 1996). Impulse control problems are associated with the preference for short-term rewards over long-term consequences (Blaszczynski & Nower, 2002).

Finally, the literature shows that young adults are in a high-risk group for online gambling addiction (Griffiths, 2018; Hing et al., 2016). In addition, cultural and environmental factors also play a significant role in the development of gambling behavior. In particular, the way concepts such as luck, fate, and quick gain are perceived at the societal level, along with economic uncertainties, can encourage individuals to seek quick profits and promote gambling behavior (Yaşar, 2011).

Method

This study is a qualitative review based on a comprehensive examination of the relevant literature. The data used in the research were obtained through document analysis, a qualitative data collection technique. The literature review within the scope of the study was conducted only on Turkish and English publications, using databases such as PubMed, Scopus, Web of Science, and Google Scholar, as well as the National Thesis Center of the Council of Higher Education. The keywords "post-traumatic stress disorder", "gambling", "online gambling", "gambling addiction", and "coping" were searched.

The inclusion criteria for the study were: peer-reviewed publications on PTSD-related research, longitudinal, cross-sectional, and epidemiological studies, and studies on comorbidity and biopsychosocial effects. The exclusion criteria were: studies not directly related to the keywords, studies with insufficient/invalid samples, and publications not peer-reviewed. As a result of this search, 28 scientific sources meeting the criteria were accessed. This study is limited to publications registered with the Higher Education Institution Thesis Documentation Center and accessible in the relevant databases between 1998 and 2026.

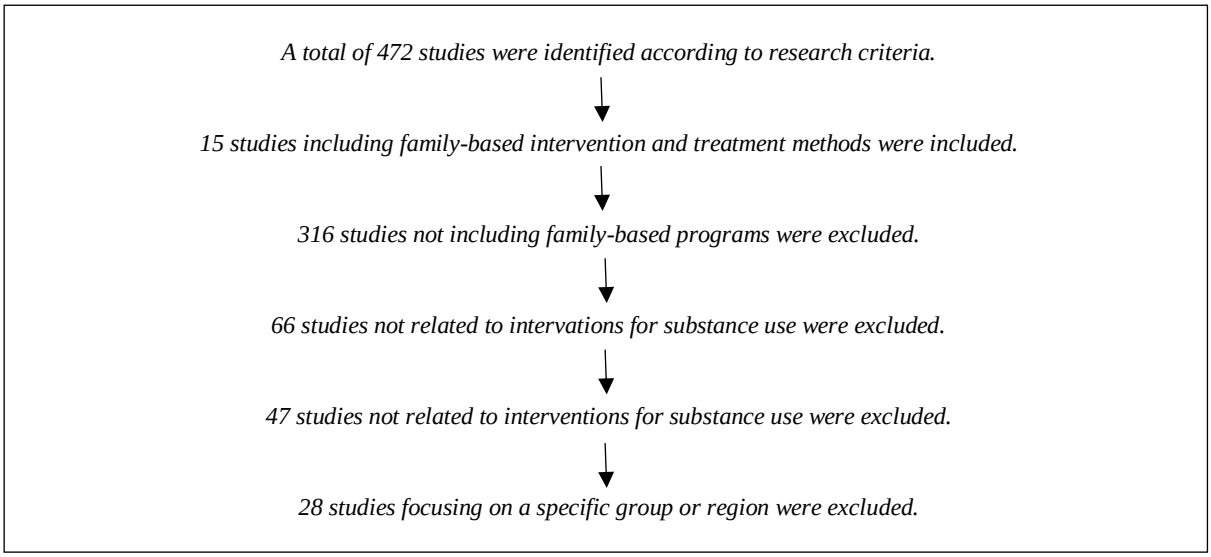
A total of 472 studies were identified according to research criteria.
15 studies including family-based intervention and treatment methods were included.
316 studies not including family-based programs were excluded.
66 studies not related to intervations for substance use were excluded.
47 studies not related to interventions for substance use were excluded.
28 studies focusing on a specific group or region were excluded.

Figure 1. *PRISMA Flow Diagram*

Table 1. *Summary of Included Studies*

Author(s)	Year	Type of Study	Sample	Purpose	Method	Main Findings
Aker & Önen	2006	Review	–	General framework of PTSD	Literature review	Clinical features summarized
Arslan	2018	Quantitative (thesis)	Not specified	PTSD and emotion regulation	Scale and statistical analysis	Emotion regulation is related to PTSD
Bayhantopçu & Kumova	2025	Quantitative	Not specified	Personality and PTSD	Survey	Neuroticism increases PTSD risk
Blaszczynski & Nower	2002	Theoretical	–	Gambling model	Model development	Gambling behavior explained by subtypes
Breslau et al.	1998	Quantitative	Community sample	Trauma and PTSD	Survey	Type of trauma determines risk
Brewin et al.	2000	Theoretical	–	Cognitive model of PTSD	Theoretical model	Cognitive processes are determinants
Buran	2021	Systematic review	–	CBT and gambling	Systematic review	CBT is effective

Author(s)	Year	Type of Study	Sample	Purpose	Method	Main Findings
Gedikoğlu & Atalay	2021	Qualitative	Not specified	Digital behaviors	Content analysis	Online norms change
Karaibrahimoğlu et al.	2023	Quantitative	University students	Gambling and loneliness	Survey	Loneliness increases addiction
Kessler et al.	2005	Quantitative	US sample	Psychiatric prevalence	Survey	PTSD is prevalent and comorbid
Khantzian	1997	Theoretical	–	Self-medication hypothesis	Theoretical approach	Substance use is a coping tool
Ledgerwood & Petry	2006	Quantitative	Gambling addicts	PTSD and gambling	Clinical analysis	PTSD is related to gambling behavior
Monson et al.	2023	Systematic review	–	Trauma and addiction	Literature review	A strong relationship exists
Monson, Villotti, & Hack	2023	Review	–	Trauma and gambling	Literature review	Trauma affects addiction
Najavits et al.	1998	Quantitative	Female sample	Substance use and PTSD	Clinical study	Strong relationship found
Özen	2018	Review	–	Post-traumatic disorders	Literature review	Broad psychological effects
Özcan	2020	Review	–	Post-traumatic effects	Literature review	Related to psychopathology
Ozer et al.	2003	Meta-analysis	–	Predictors of PTSD	Meta-analysis	Risk factors determined
Pietrzak et al.	2011	Quantitative	US elderly sample	PTSD comorbidity	Survey	High comorbidity
Potenza	2014	Review	–	Neurobiology of gambling	Literature review	Cognitive processes are effective
Sinha	2008	Review	–	Stress and addiction	Literature review	Stress increases addiction
Stewart & Kushner	2001	Review	–	Anxiety and addiction	Literature review	Anxiety sensitivity is effective
Stewart & Zack	2008	Quantitative	Gamblers	Gambling motivation	Scale development	There are motivation dimensions
Tuncer & Şimşek	2022	Quantitative	82 individuals	Trauma and treatment	Clinical analysis	Trauma affects treatment
Wood & Griffiths	2007	Qualitative	Gambling addicts	Escape behavior	Interview	Gambling is an escape strategy
Yaşar & Heybet	2025	Review	–	Online gambling	Literature review	Functionality decreases
Yehuda et al.	2015	Review	–	General structure of PTSD	Literature review	Multidimensional structure

The main characteristics of the studies included in the review are presented in Table 1. When the reviewed studies are evaluated as a whole, it is observed that difficulties in emotional regulation,

experiential avoidance, changes in the dopaminergic reward system, and dysfunctional coping strategies are significantly and multidimensionally related to individuals' gambling behavior and PTSD symptoms.

Findings

At its current stage, digitalization and the behavioral addictions that have developed alongside are recognized as opening up a new area of research. Among these

addictions, one of the most well-known and emphasized topics is online gambling. Studies conducted in Turkey have reported that online gambling behavior is associated with various psychosocial variables. In a study by Karaibrahimoğlu and colleagues (2023), a significant relationship was found between online gambling addiction and levels of loneliness, and it was determined that this situation could negatively affect individuals' psychosocial functioning. Reviews in the literature have revealed a very strong relationship between PTSD and addictive behaviors (Stewart & Kushner, 2001). Although this relationship has not been directly examined in the context of online gambling, Tuncer and Şimşek (2022), in a study with 82 individuals receiving treatment for substance use disorder, found that a significant portion of these individuals reported traumatic experiences and that these traumas had a negative impact on the addiction treatment process. Many of the tendencies observed in PTSD symptoms appear to motivate individuals toward digital escape and reward-seeking (Kardefelt & Winther, 2014). It has also been shown that these individuals have a high need for psychosocial support (Balcı & Kaya, 2023). Therefore, it is expected that individuals may be more susceptible to risks on online platforms, such as virtual gambling sites (Ünal Erzen & Dikkatli, 2019).

In a study by Yaşar and Heybet (2025), the effects of online gambling addiction on individuals' daily life activities were addressed. The study concluded that online gambling addiction significantly impairs individuals' psychosocial functioning in a multidimensional manner. In a study conducted by Dökmetaş (2024) with 210 individuals, the relationship between online gambling addiction and dissociative symptoms was examined, and a significant relationship between the two variables was found. According to the findings, emotional problems first emerge in individuals, and over time, this situation paves the way for the deepening of addictive behaviors. Özcan's (2020) review study evaluates the findings in the literature from a holistic perspective. The results indicate that symptoms such as avoidance behavior and emotional numbness seen in post-traumatic stress disorder can negatively affect individuals' coping styles with stress.

In studies on addictive behaviors, it is emphasized that traumatic experiences and past psychological patterns are important risk factors (Özen, 2018). This study is also a review/theoretical evaluation and is not based on direct field data. The literature findings show that taking individuals'past experiences into account in the assessment of addictive behaviors increases the accuracy of the diagnostic process. In the context of gambling addiction, a study by Buran (2021) found that Cognitive Behavioral Therapy is effective in reducing dysfunctional thought patterns that sustain gambling behavior and in improving coping skills. Furthermore, this approach is reported to play an important role in enhancing psychosocial functioning and reducing the risk of relapse. In this context, online gambling addiction can also be considered a digital reflection of similar tendencies for escape and reward-seeking. It is known that individuals secrete dopamine while gambling online, and this sensation provides a sense of control, albeit short-lived. Thus, in individuals with PTSD, feelings of helplessness and loss of control can be temporarily suppressed, if not permanently (Arslan, 2018). In conclusion, it can be said that avoidance and loss of control anxiety seen in PTSD symptoms create a need for satisfaction in different ways. Individuals are observed to engage in social avoidance, spend time on online platforms, achieve a sense of control and satisfaction, and tend to translate this into monetary gains (Gedikoğlu & Atalay, 2021).

Discussion

The study findings show that PTSD can particularly affect individuals' coping strategies through difficulties in emotional regulation and avoidance behaviors. This situation is considered to play a role in the emergence and maintenance of behaviors such as gambling and digital addiction. Studies in the literature also support that traumatic experiences can increase the tendency toward risky and dysfunctional coping behaviors in individuals. They clearly demonstrate that these processes play a critical role and make individuals more vulnerable to online gambling addiction. Research examining the relationship between Post-Traumatic Stress Disorder and risky behaviors shows that this disorder is not limited to psychological symptoms but also leads to behavioral outcomes.

In a study conducted by Pietrzak and colleagues (2011) with 5,692 adult participants, it was found that, in addition to PTSD, other psychiatric disorders and especially risky behaviors such as substance abuse were significantly associated. The research findings indicate that the psychological burden that develops after trauma can increase dysfunctional coping strategies in people. Similarly, in a systematic review based on the literature, Yehuda and colleagues (2015) emphasized that the clinical presentation of PTSD is not limited only to intrusive thoughts and avoidance factors, but also includes functional impairments such as impulsivity, a tendency to engage in dangerous behaviors, and difficulties in behavioral regulation. When these two studies are evaluated together, it is understood that PTSD can increase vulnerability to risky behaviors by affecting not only individuals' internal experiences but also their behavioral patterns.

In the study by Aker and Önen (2006), it was reported that post-traumatic stress disorder is characterized by symptoms of re-experiencing, avoidance, and high levels of arousal, and these symptoms significantly impair people's functioning. In contrast, in the study by Kessler and colleagues (2005), the prevalence of post-traumatic stress disorder in society was examined, and it was found that the disorder frequently co-occurs with other psychiatric problems (such as depression, anxiety disorders, addiction, obsessive-compulsive disorder, and sleep disorders). This shows that post-traumatic stress disorder is too diverse and complex to be considered in isolation.

In another study by Breslau and colleagues (1998), the development rates of post-traumatic stress disorder in individuals exposed to trauma were investigated, and it was stated that the risk level varies according to the types of trauma. On the other hand, in the study by Brewin and colleagues (2000), it was reported that cognitive evaluation processes of the individual are more determinative than the types of trauma. When these two studies are considered together, it is understood that both external and internal factors are important for post-traumatic stress disorder.

In a study on personality traits, Bayhantopçu and Kumova (2025) found that people with high levels of neuroticism

are more likely to develop post-traumatic stress disorder. Conversely, in the study by Ozer and colleagues (2003), risk factors were examined meta-analytically, and it was found that, especially, prior psychiatric history and low levels of social support are stronger predictors. These findings show that personality traits are important but not sufficient on their own.

Examining the association between post-traumatic stress disorder and addictive behaviors, Khantzian (1997) suggested that people turn to addictive behaviors to cope with negative emotions. Supporting this view, Ledgerwood and Petry (2006) found that gambling behavior is much more prevalent in individuals diagnosed with post-traumatic stress disorder. Conversely, Najavits and colleagues (2010) stated that this relationship may not be direct and that the level of trauma and difficulties in emotion regulation play a mediating role.

Focusing on the psychological factors of gambling behavior, Blaszczynski and Nower (2002) highlighted that some people use gambling as a means of emotional escape. Supporting this view, Wood and Griffiths (2007) found that gambling provides short-term relief but increases problems in the long run. In contrast to these views, Stewart and Zack (2008) emphasized that gambling is used as a stronger coping mechanism, especially by those under high levels of stress that are difficult to manage. These results show that gambling is accompanied by both escape and reinforcement mechanisms in individuals.

From a neurobiological perspective, Sinha (2008) found that dysregulation in stress systems increases addictive behaviors. In a comprehensive review by Monson and colleagues (2023) examining qualitative studies, it was observed that findings addressing the relationship between traumatic experiences and gambling behavior converge around distinct common themes. In their review, Emily Monson and colleagues (2023) stated that traumatic experiences can serve as a triggering risk factor for gambling behavior, and that individuals with difficulties in emotional regulation are particularly inclined to use gambling as an escape and coping strategy. Furthermore, the studies emphasized that gambling behavior is often maintained to temporarily reduce the intense stress, anxiety, and sense of emotional emptiness associated with traumatic experiences.

The findings indicate that gambling behavior cannot be explained solely by the pursuit of financial gain; it can also emerge as an attempt to regulate the emotional burden stemming from an individual's past traumatic experiences. In this context, gambling can function as a coping mechanism that provides short-term escape and emotional numbing. The review also notes that, in individuals with a history of trauma, gambling behavior can follow a more chronic and repetitive course, which increases the risk of addiction.

In parallel, Potenza (2014) stated that behavioral addictions share similar neurobiological phases with substance addictions. However, some studies argue that biological factors alone are insufficient to explain these behaviors and that they should be evaluated alongside environmental factors.

The findings from the studies indicate a significant and positive relationship between post-traumatic stress disorder symptoms and gambling behavior. However, while some studies treat this relationship as a direct outcome, others suggest that these processes occur through cognitive, emotional, and social factors. These differing perspectives indicate that there is no consensus in the literature on this issue.

In terms of treatment, among the most effective and evidence-based psychotherapy approaches for PTSD are Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), and Exposure Therapy (Bisson et al., 2019). There is a multifactorial structure in the relationship between post-traumatic stress disorder and gambling behavior. Therefore, it is important that future studies examine this relationship within biopsychosocial models, taking into account mediating variables.

Conclusion

The relationship between post-traumatic stress disorder and gambling behavior presents an important area for understanding the coping mechanisms developed by individuals after trauma. When the studies in the literature are evaluated together, it is seen that individuals with post-traumatic stress disorder may turn to behaviors such as gambling—which provide quick relief, satisfaction, and happiness—in order to cope with high levels of stress, negative emotions, and internal tension they experience. However, such behaviors not only fail to solve their problems in the long term, but also make them more complex, increase the level of addiction, and cause traumatic symptoms to persist. It is understood that this relationship cannot be explained by a single factor but rather emerges from the interaction among cognitive appraisals, emotion regulation skills, personality traits, and neurobiological processes. Therefore, holistic approaches should be adopted to explain the relationship between post-traumatic stress disorder and gambling behavior. As a result, it is of great importance in interventions for post-traumatic stress disorder to address not only the observable behaviors but also the possible traumatic experiences and psychological processes underlying the development of these behaviors. It is thought that future studies designed to examine the relationship between post-traumatic stress disorder and gambling behavior with broader models and to reveal possible mediating variables in this relationship could contribute to institutional knowledge and clinical practice.

Declarations

Ethics Approval and Consent to Participate

As this is a review article, ethics committee approval was not obtained.

Permission to Publish

Not applicable.

Availability of Data and Materials

Not applicable.

Conflict of Interest

The authors declare that there is no conflict of interest.

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Authors' Contributions

B.S., G.K., and M.Ç. collaboratively prepared the concept/design and revisions in accordance with APA writing rules. B.S. designed the main body of the study. B.S. wrote the method, findings, discussion, and references sections. G.K. drafted the article. M.Ç. completed the critical revision of the manuscript. All authors have read and approved the final version of the article.

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